Application No. (if known): 10/789,458   Attorney Docket No.: 15115/107001

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Fee Transmittal (1 page)
Two Month Request for Extension of Time Under 37 CFR 1.136(a)
(1 page)
Request for Continued Examination Transmittal (1 page)
Payment by credit card. Form PTO-2038 is attached (1 page)
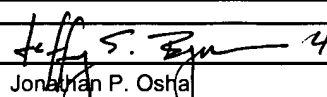Charge $1,240.00 to credit card

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PTO/SB/17 (01-06)
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006

Complete if Known	
Application Number	10/789,458-Conf. #5178
Filing Date	February 27, 2004
First Named Inventor	Makoto Ohhira
Examiner Name	P. Vu
Art Unit	2871

[ ] Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	($) 1,240.00	Attorney Docket No.	15115/107001

METHOD OF PAYMENT (check all that apply)

[ ] Check   [x] Credit Card   [ ] Money Order   [ ] None   [ ] Other (please identify): _____

[x] Deposit Account   Deposit Account Number: 50-0591   Deposit Account Name: Osha · Liang LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

[ ] Charge fee(s) indicated below   [ ] Charge fee(s) indicated below, **except for the filing fee**

[x] Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17   [x] Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Fee ($)	Small Entity Fee ($)	SEARCH FEES Fee ($)	Small Entity Fee ($)	EXAMINATION FEES Fee ($)	Small Entity Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)	Multiple Dependent Claims Fee ($)	Fee Paid ($)
_____ - _____ =	_____	x _____	= _____	_____	_____

HP = highest numer of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
_____ - _____ =	_____	x _____	= _____

HP = highest numer of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____ - 100 =	_____ /50	_____ (round up to a whole number) x	_____ =	_____

4. OTHER FEE(S)

Non-English Specification, $130 fee (no small entity discount)

	Fees Paid ($)
Other (e.g., late filing surcharge): 1252 Extension for response within second month	450.00
1801 Request for continued examination (RCE) (see 37 ...	790.00

SUBMITTED BY

Signature	[signature] 45,925	Registration No. (Attorney/Agent)	33,986	Telephone	(713) 228-8600
Name (Print/Type)	Jonathan P. Osha			Date	June 13, 2006

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